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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
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Bib Data Sheet

CONFIRMATION NO. 8930

SERIAL NUMBER 09/716,847	FILING DATE 11/16/2000 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. ACS 56040
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APPLICANTS
Lilip Lau, Sunnyvale, CA;
William M. Hartigan, Fremont, CA;
John J. Frantzen, Copperopolis, CA;

**** CONTINUING DATA *******
2/21/02
 THIS APPLICATION IS A DIV OF 09/561,098 04/28/2000 *PAT 6,309,412*
 WHICH IS A DIV OF 09/135,222 08/17/1998 PAT 6,056,776
 WHICH IS A DIV OF 09/055,582 04/06/1998 PAT 6,066,168
 WHICH IS A DIV OF 08/783,097 01/14/1997 PAT 5,735,893
 WHICH IS A DIV OF 08/556,516 11/13/1995 PAT 5,603,721
 WHICH IS A DIV OF 08/281,790 07/28/1994 PAT 5,514,154
 WHICH IS A CIP OF 08/164,986 12/09/1993 ABN
 WHICH IS A CON OF 07/783,558 10/28/1991 ABN

**** FOREIGN APPLICATIONS *******
ds 1-27 needed

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/16/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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ADDRESS
FULWIDER, PATTON, LEE & UTECHT
Tenth Floor
10877 Wilshire Boulevard
Los Angeles, CA 90024

TITLE
Expandable stents and method for making same

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/>
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☐ Credit



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BIBDATASHEET

CONFIRMATION NO. 8930

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SERIAL NUMBER 09/716,847	FILING DATE 11/16/2000 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. ACS 56040
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APPLICANTS

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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/16/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	3/9 J.G. 5/15/02	1	1
Examiner's Signature	Initials			

ADDRESS

24201
FULWIDER PATTON LEE & UTECHT, LLP
HOWARD HUGHES CENTER
6060 CENTER DRIVE
TENTH FLOOR
LOS ANGELES, CA
90045

TITLE

Expandable stents and method for making same

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit